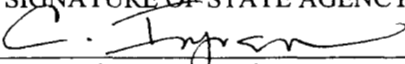



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA-NM 04-003	2. STATE NEW MEXICO
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE May 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: CFR 447 Payments for Services Subparts C and F		7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$ (6,250,000) estimated reduction b. FFY 2005 \$ (15,000,000) estimated reduction	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Preprint Pages: Supplement 1 to Attachment 4.19-B, pages 1, 2, and 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Preprint Pages: Supplement 1 to Attachment 4.19-B, pages 1, 2, and 3 (TN 91-19)	
10. SUBJECT OF AMENDMENT: METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE <u>Payment of Medicare Part A and Part B Deductible/Coinsurance</u>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Authority to sign designated to Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Carolyn Ingram Medical Assistance Division /HSD PO Box 2348 Santa Fe, NM 87504-2348	
13. TYPED NAME: Carolyn Ingram			
14. TITLE: Director, Medical Assistance Division, HSD			
15. DATE SUBMITTED: April 20, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 22 APRIL 2004		18. DATE APPROVED: 22 JUNE 2004	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 MAY 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: ANDREW A. FREDRICKSON		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS: <div style="text-align: right; font-family: cursive; font-size: 1.2em;"> New Mexico (04-003) approved: 06/22/04 effective: 05/01/04 </div>			

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State /Territory: NEW MEXICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item A of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item of this attachment (see 3. above).

STATE <u>New Mexico</u>	A
DATE REC'D <u>4-22-04</u>	
DATE APP'D <u>6-22-04</u>	
DATE EFF <u>5-1-04</u>	
HCFA 179 <u>04-03</u>	

TN No. 04-03

Supersedes Approval Date 6-22-04 Effective Date 5-1-04

TN No. 91-19

HCFA ID: 7982E

SUPERSEDES TN 91-19

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

Supplement 1 to ATTACHMENT 4.19-B
Page 2
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State /Territory: NEW MEXICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs: Part A SP Deductibles SP Coinsurance

Part B SP Deductibles SP Coinsurance

Other Part A SP Deductibles SP coinsurance

Medicaid

Recipients Part B SP Deductibles SP coinsurance

Dual Part A SP Deductibles SP Coinsurance

Eligible

(QMB Plus) Part B SP Deductibles SP Coinsurance

STATE <u>New Mexico</u>	A
DATE REC'D <u>4-22-04</u>	
DATE APP'VD <u>6-22-04</u>	
DATE EFF. <u>5-1-04</u>	
HCFA 179 <u>04-03</u>	

TN No. 04-03

Supersedes Approval Date 6-22-04 Effective Date 5-1-04

TN No. 91-19

HCFA ID: 7982E

SUPERSEDES TN 91-19

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AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 3
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

- A. Payment of coinsurance and deductibles for Medicare services not covered by Medicaid will be at the Medicare rate.

STATE <u>New Mexico</u>	A
DATE REC'D <u>4-22-04</u>	
DATE APP'VD <u>6-22-04</u>	
DATE EFF <u>5-1-04</u>	
HCFA 179 <u>04-03</u>	

TN No. 04-03

Supersedes Approval Date 6-22-04 Effective Date 5-1-04

TN No. 91-19

SUPERSEDES TN- 91-19